

Send hard copy signed by the owner / operator and a check for the **\$180 Inventory Review Fee** \* made payable to: Utah Division of Water Quality to:

Utah Department of Environmental Quality  
Division of Water Quality, ATTN: UIC  
P.O. Box 144870  
Salt Lake City, Utah 84114-4870

**Utah**  
Underground  
Injection  
Control  
(UIC)  
Inventory Information

Well Subclass: \_\_\_\_\_  
Facility ID No.: **UTU-** \_\_\_\_\_  
GW SWPZ: \_\_\_\_\_  
Date Entered: \_\_\_\_\_ By: \_\_\_\_\_  
(For DWQ use only)

## Subsurface Environmental Remediation (SER) Injection Wells

**\* A one-time \$180 Class V Inventory Review Fee must be remitted with each UIC Inventory Information Form for EACH subclass of Class V injection well at EACH facility location.**  
**View UIC Class V Subclasses at: <http://www.waterquality.utah.gov/UIC/UICWellClasses/UICWellClasses.htm#ClassV>**

### FACILITY LOCATION

Facility Name:		Phone:	
Facility Physical Address:			
	(City)		
Facility Mailing Address:		(City)	(Zip Code)
Facility Geographic Location:	T. _____	R. _____	Section _____ 1/4 of _____ 1/4
	<b>Latitude:</b> _____ Degrees _____ Minutes _____ Seconds	UTM Northing (Y): _____ m or ft	
	<b>Longitude:</b> _____ Degrees _____ Minutes _____ Seconds	UTM Easting (X): _____ m or ft	
County:			<input type="checkbox"/> NAD 83 or <input type="checkbox"/> NAD 27

### FACILITY CONTACT

Contact Name:		Phone:	Email:
Contact Type: (check all that apply)	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Facility Manager
	<input type="checkbox"/> Contractor / Consultant	<input type="checkbox"/> Legal / Official Rep	<input type="checkbox"/> DEQ Engineer
	<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Other: _____	
Title:			
Organization:			
Contact Mailing Address:		(City)	(Zip Code)

  

Contact Name:		Phone:	Email:
Contact Type: (check all that apply)	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Facility Manager
	<input type="checkbox"/> Contractor / Consultant	<input type="checkbox"/> Legal / Official Rep	<input type="checkbox"/> DEQ Engineer
	<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Other: _____	
Title:			
Organization:			
Contact Mailing Address:		(City)	(Zip Code)

DWQ Use Only for Date Received Stamp and eDocs Number:

LAND OWNERSHIP AT FACILITY				
<input type="checkbox"/> Private	<input type="checkbox"/> Public (State or Local)	<input type="checkbox"/> Tribal	<input type="checkbox"/> Federal: _____	<input type="checkbox"/> Other: _____
FACILITY DESCRIPTION				
Primary NAICS Code:		Secondary NAICS Code:		
Description of Business Activity at Facility:				
Is the proposed remediation associated with a(n):	<input type="checkbox"/> RCRA Site? ID Number: _____	<input type="checkbox"/> CERCLA Site? ID Number: _____	<input type="checkbox"/> Voluntary Clean Up? ID Number: _____	
	<input type="checkbox"/> Independent Clean Up? ID Number: _____	<input type="checkbox"/> LUST? ID Number: _____	<input type="checkbox"/> Other? Describe: _____	
Regulatory Agency Providing Oversight of this Remediation:				
Project Manager in Oversight Agency:		Phone		
REMEDIATION ACTIVITY INVOLVING INJECTION WELLS				
<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Tracer Test	<input type="checkbox"/> In-Situ Bioremediation	<input type="checkbox"/> In-Situ Chemical Oxidation	<input type="checkbox"/> Air Sparging
<input type="checkbox"/> Bioventing / Biosparging	<input type="checkbox"/> In Well Air Stripping	<input type="checkbox"/> In-Situ Flushing	<input type="checkbox"/> Remediation Waste Disposal	
<input type="checkbox"/> Other: _____				
INJECTION WELL OPERATING STATUS (indicate number of wells in appropriate category)				
Proposed	Under Construction / Modification	Active	Temporarily Abandoned	Permanently Abandoned
INJECTION WELL CONSTRUCTION AND SUBSURFACE DETAILS				
Narrative Description of System Construction and Subsurface Details (see Instructions):				
Depth to Ground Water:		Ground Water Class:		
INJECTATE CHARACTERIZATION				
Narrative Description of Injectate (see Instructions):				
Annual Injectate Volume (gallons):				

**COMMENTS**

Use this space for additional contact information and/or other important information about these SER wells.

**SIGNATURE OF OWNER / OPERATOR**

Name & Title (print or type)

Phone Number

Signature

Date Signed